

CHAPTER 5

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The Foreign Service family needs to understand the scope of the Department of State Medical Program. Careful consideration must be given to the need for personal health insurance to supplement the Department's program and protect family members who may not be eligible for it.

Eligibility for the Department's program is *not* automatic. Each employee and family member must take a physical examination and receive a medical clearance before going overseas. Any family member who travels to post without proper medical clearance may be denied benefits, including medical evacuation coverage, hospitalization coverage, and health unit access at post.

The Department of State acts as secondary payer (personal health insurance is primary) for treatment of an illness, injury, or medical condition incurred while abroad that requires hospitalization or similar treatment. U.S. hospitals and American military hospitals overseas will bill the patient's health insurance carrier and the State Department will cover the balance. If the hospitalization occurs in a local hospital overseas, the State Department will pay the bill but the employee is expected to submit a claim to his/her insurance carrier and reimburse the Department. The Department of State does not pay for illness, injury, or medical condition incurred while the employee or family is in the United States for any reason (on assignment, home leave, for personal travel or education).

Where there is an embassy health unit, or where Department medical personnel serve the post, certain limited in-house services are available at no cost. If a medical problem arises for which adequate resources (including those of the host country) do not exist, the Department of State will pay for travel from the post to the nearest adequate care for either hospitalization or outpatient care. Otherwise, medical treatment is not covered unless the treatment is in connection with covered inpatient care and occurs within a one-year period following that care.

PRE-DEPARTURE MEDICAL INFORMATION

Medical Clearance

The employee and all family members traveling on the employee's orders must receive medical clearance prior to proceeding to post. Medical clearance examinations for adults and children over six are given in the Office of Medical Services (MED) (SA-1, Room L201, Columbia Plaza) and require the morning of day one and several hours on day three for completion. The first day is for laboratory testing, with the actual examination two days later, allowing time for completion of laboratory tests. Appointments are required and should be made as far in advance as possible.

Adults and children age six or older may be examined at the Department of State's Health Unit in Washington, but travel to the Department for this purpose will not be reimbursed. Alternatively, a private physician may perform the examination and the employee can collect reimbursement for charges from the Department. Children under six cannot be examined at the Department; they must be examined by a private physician.

A medical clearance is valid for two years or a tour of duty, whichever is longer. A new clearance is based on a physical examination or medical clearance update form (DS3057). Every employee and eligible family member must have a valid medical clearance before each overseas assignment and before returning to post following home leave.

Since the physical examination is a point of reference for post-employment benefits, it is also required for the employee and family members upon the employee's separation from service, for the eligible child when he or she turns 21, or for family members as soon as possible after the death of an employee.

When a family expands overseas (through birth, adoption, or marriage), the results of a physical examination of the new family member must be submitted to the Office of Medical Services within 90 days. In addition, a Residence and Dependency Report (Form JF-20) must be filed through the personnel office at post. Without these, the new family member will not be covered by the Department's medical program.

Please ensure you have medical clearances for yourself and your family members prior to travel. Please call 202-663-1668 or e-mail MED Clearances on the DOS global directory or at medclearances@state.gov.

Immunizations

Required and recommended immunizations for overseas travel can be obtained at the Health Unit at SA-1, Columbia Plaza, Room L201. Immunizations can also be obtained at the health units in the George P. Shultz National Foreign Affairs Training Center (the Shultz Center), Room E1111, or, for employees only, at SA-44 (formerly the USIA building) at 301 4th Street, SW, Room M18. Be sure to allow time for spacing the immunizations, as a complete initial immunization series may require about five weeks.

Children should be current on routine immunizations from their private health care providers. Immunizations required or recommended for overseas posts may be obtained at SA-1 or the Shultz Center.

When necessary, because of geographic considerations, adults residing more than 50 miles away may obtain immunizations from private providers. If authorized, the Department of State will reimburse the full cost of recommended immunizations performed by private providers for adults and children. *Note: These payments are made only for immunizations recommended for overseas service, such as yellow fever, and NOT for routine immunizations such as polio.*

HEALTH UNITS

Department of State
Office of Medical Services
Columbia Plaza, SA-1, Suite L 201
2401 E Street, NW
Washington, DC
Tel: 202-663-1705
Fax: 202-663-1717

Clinic Hours: 8:30 a.m.–11:30 a.m. and 1:00–4:30 p.m., Monday-Wednesday and Friday
9:30 a.m.–11:30 p.m. and 1:00 p.m.–4:00 p.m., Thursday
Yellow fever daily 1:30–2:30 p.m.

George P. Shultz National Foreign Affairs Training Center

4000 Arlington Boulevard

Arlington, VA

Tel: 703-302-7450

Clinic Hours: 8:30 a.m.–12:00 p.m. and 1:30 p.m.–4:00 p.m., Monday-Wednesday and Friday

10:00a.m.–12:00 p.m. and 1:30 p.m.–4:00 p.m., Thursday

State Annex 44 (formerly USIA)

301 4th Street, SW, Room M18

Washington, DC

Tel: 202-619-4507

Clinic Hours: 8:30 a.m.–12:00 p.m. and 1:00 p.m.–4:30 p.m., Monday-Friday

Department of State employees only, no family members, no contractors

Note: Medical advice and counseling services specific to your new post are available at each of these clinics. Remember to bring the World Health Organization International Immunization Card (the yellow card) with you.

Immunization Requirements for International Travel

Yellow Fever

The yellow fever vaccine is currently the only vaccine that may be required by law for international travel to certain countries. It is administered to children nine months and older as required by certain countries. The yellow fever vaccine is generally well tolerated. Yellow fever immunization and certification is valid for 10 years. Long-term travelers need to be aware that many U.S. diplomatic health units do NOT have yellow fever vaccine available because of the difficulty of shipping this vaccine in a frozen state. Therefore, it is recommended that yellow fever immunization status be kept current, regardless of whether it is required for one's next posting. Those traveling to countries where certification of yellow fever vaccination is required for entry should be aware that this certification is not valid until 10 days after the injection.

Cholera

The World Health Organization no longer considers cholera vaccine to be required under the international health regulations. This vaccine is not particularly effective in preventing cholera and is not recommended or offered by MED.

Smallpox

This vaccination is no longer required. There is, however, the potential that its use may return.

Immunizations Recommended by the State Department

Typhoid

There are three types of typhoid vaccine available. Oral typhoid vaccine (Ty21a) may be given to those age six years and older and is administered in four separate doses on alternating days over seven days. A booster is recommended every five years. A new purified polysaccharide Vi antigen injectable typhoid vaccine was approved for use in the United States in January 1995. A single injection of this vaccine provides protection for two years at which time a booster dose should be administered. It may be administered to children as young as two years of age and to those unable to take the oral typhoid vaccine. The phenol inactivated typhoid vaccine is rarely used now. Protection after administration of all three vaccines does not occur for 14 days.

Hepatitis A Vaccine

Hepatitis A is one of the most common viral infections of travelers. Hepatitis A vaccine provides protection against infection with the hepatitis A virus. Two brands of hepatitis A vaccine are currently available: Havrix[®] (SmithKline) and Vaqta[®] (Merck and Co.). These vaccines can be used interchangeably. At present, hepatitis A vaccine is recommended for those over two years of age. Protection against hepatitis A begins two weeks after the initial administration. A second dose is recommended six to 12 months after the first in order to prolong protection.

Hepatitis B Vaccine

Risk of infection with hepatitis B virus is primarily related to sexual contact, the use of contaminated blood products, or the use of contaminated needles. The prevalence of hepatitis B virus carriers is particularly high (greater than eight percent) in Southeast Asia and sub-Saharan Africa. The risk of hepatitis B infection for Department of State personnel is very low if high-risk activities for infection are avoided. Hepatitis B vaccine is effective and safe. Hepatitis B vaccine is recommended for all Americans and has become a regular immunization for newborns with the first dose administered prior to discharge from the hospital. Hepatitis B vaccine is especially recommended for persons living in areas with a high rate of endemic hepatitis B, and spouse and children of recognized hepatitis B carriers who are not already immune to hepatitis B. Vaccination consists of a series of three doses given over a six-month period.

A new combination hepatitis A and B vaccine is available. It is used in people who have not received any doses of hepatitis A or B vaccine and who can complete all three doses of vaccine before going overseas. Otherwise, single antigen hepatitis A or B vaccines are used.

The Department cannot provide routine childhood immunizations. The Department urges you to have your child's immunizations reviewed and made current, by your private provider, prior to your departure from the United States.

Other Immunizations

Rabies

This three-dose pre-exposure immunization is recommended for individuals living in countries where rabies is a serious threat. Two additional injections are required in the event of subsequent exposure to a rabid animal. Pre-exposure immunization precludes the need for expensive, painful, and often times unavailable rabies immune globulin after an exposure.

Meningococcal Meningitis

Vaccines are available and can be considered for use in selected epidemic or highly endemic situations. The Immunization Clinic maintains a list of countries for which meningitis vaccination is recommended. It is also recommended for college freshmen living in dormitories.

Tuberculosis (BCG) Vaccine

Foreign Service personnel are advised not to receive the BCG vaccine. This vaccine has short-lived protective benefit, confuses the interpretation of the purified protein derivative (PPD) skin testing, lacks standardization in content or technique, and occasionally is associated with severe side effects. MED has an active PPD skin-testing program, which is the preferred method of TB control. All personnel are encouraged to have PPD skin testing performed annually.

Special Vaccines

In particular situations where the threat of epidemic or highly endemic disease is present, certain special vaccines, such as Japanese encephalitis vaccine, may be recommended. These special vaccines are available at post.

GENERAL CAUTIONS AND CONSIDERATIONS REGARDING IMMUNIZATIONS

1. **Regulations.** Immunizations are regulated by the U.S. Food and Drug Administration with recommendations for their use issued by the Centers for Disease Control and Prevention (CDC). The recommendations of the Office of Medical Services of the Department of State for particular posts are considered best for the particular needs of Foreign Service employees and family members based on recommendations by Regional Medical Officers and other sources. Check with the health unit at your post shortly after arrival and always keep your "yellow shot card" *current and with you*. Also, when obtaining your immunizations, consider not only your destination post, but also the countries through which you may be traveling.

2. **Timing.** Certain vaccines require strict adherence to a timing schedule. Some series are completed in three to four weeks (rabies pre-exposure vaccine), while others require six months to complete (hepatitis B vaccine). Consult with the Immunization Clinic early to assure you have enough time to complete the necessary vaccinations.

3. **Pregnancy.** Immunizations, like most other medications, are generally avoided in pregnant women. However, the relative risks of getting the disease and its effect on the pregnancy must also be weighed. These considerations must be carefully discussed and

weighed before initiating immunization therapy. In general, inactivated vaccines, such as hepatitis A vaccine, are safe in pregnancy. Certain live bacterial or viral vaccines, such as measles, mumps, or rubella vaccine, should be avoided, and others, such as yellow fever, should only be given if indicated. Some vaccines such as influenza vaccine are specifically recommended for pregnant women because the risk of serious disease from influenza is high. Breast feeding is generally not a contraindication to immunizations.

4. Allergy to vaccines. Vaccine components can cause allergic reactions in some recipients. Persons who have had a significant reaction to a vaccine should tell the medical professional administering their immunizations. The most common animal protein allergen is egg protein in vaccines produced in chicken eggs (influenza and yellow fever vaccines). People who can eat eggs or egg products safely can take these vaccines.

If you are in doubt about the immunizations you need or have other questions about their administration, please check with professional staff in the Health Units.

Medical Insurance

Make sure you have adequate medical insurance for you and your family. The Federal Employees Health Benefits Program (FEHB) provides you and your family with protection against the cost of illness or accident at reduced costs; you and the government share the cost. Each year an Open Season is held for FEHB program enrollees to change health plans and/or the type of enrollment they have. Open season runs from Monday of the second full workweek in November through the Monday of the second full workweek in December. For more information, see Chapter 6 "Insurance."

Prescription Medications

The State Department does not provide or pay for medications for long-term chronic medical conditions, such as hypertension, elevated cholesterol, or birth control. You may want to keep prescriptions from your physician for necessary medications on file with a U.S. pharmacy familiar with shipping medications overseas.

The following pharmacies will send prescriptions overseas. This list is not an endorsement of an individual business. It is for informational purposes only:

CVS Drug Store

2125 E Street, NW
Washington, DC 20037
Telephone: 202-338-6337 or 337-4388
Fax: 202-625-6621

This store will not accept new prescriptions by fax; only refill requests may be faxed). Mailing fee is \$6 for pouch and \$7 for APO. If another CVS is used, it will be shipped to this one. This delays the delivery of the prescription by three weeks or so. They will send prescriptions by FedEx or DHL and will also forward over-the-counter and other items (Blistex, etc.).

Morgan Pharmacy

3001 P Street NW
Washington, DC 20007
Telephone: 202-337-4100
Fax: 202-337-4102

E-mail: morganph@aol.com

This store will accept new prescriptions by fax but no schedule 2 narcotics by fax. Mailing fee is \$3 plus postage. They will send prescriptions by FedEx or DHL and will also forward over-the-counter and other items (Blistex, etc.).

Morton's Pharmacy

724 E. Capital St. NE
Washington, DC 20003
Telephone: 202-543-1616
Fax: 202-547-6136
E-mail: pharmcare@starpower.net

This store will accept new prescriptions by fax but no schedule 2 narcotics by fax. There is no charge for mailing via pouch. They will send prescriptions by FedEx or DHL and will also forward over-the-counter and other items (Blistex, etc.).

**New Hampshire Care Pharmacy
And Medical Equipment**

5001 New Hampshire Avenue, NW
Washington, DC 20011
Telephone: 202-726-3100
Fax: 202-291-5259

This store will accept new prescriptions by fax, but no schedule 2 narcotics by fax. They will send prescriptions by FedEx or DHL.

Washington Clinic Pharmacy

5401 Western Avenue, NW
Washington, DC 20015
Telephone: 202-363-2443 or 363-2444
Fax: 202-537-5070
Contact: Art Weinstein

This store *is* able to accept a faxed prescription for a schedule 2 narcotic, as long as the written prescription follows by mail.

Your health insurance plan may offer a mail-order service; investigate this option, too.

A number of Web sites can fill and ship prescriptions. These include:

www.MERCK-MEDCO.com (used by the American Foreign Service Protective Association)

www.PlanetRX.com

www.drugstore.com

www.drugemporium.com

www.cvs.com

www.clickpharmacy.com

(Fax: 305-221-3434)

This is an Internet pharmacy able to process faxed prescriptions overnight. Fax the prescription and send an e-mail to Steve Williams at steve@clickpharmacy.com, including a Mastercharge or Visa number and mailing address. They cannot accept schedule 2 narcotic prescriptions by fax.)

Be sure to take enough prescription medications with you to last three to four months. You will not be able to rely on the supply or an equivalent composition or dose of local manufacturers, and mail delivery may be subject to delays.

If you or members of your family are undergoing desensitization injections, discuss re-supply with your private provider. Depending on a variety of specific factors this program may need to be modified based, for example, on the potential allergens at your new post.

Drugs, serums, eyeglasses, or other medically prescribed devices can be sent to you via the State Department's diplomatic pouch. Packages should be labeled clearly with your pouch address and the following statement:

MEDICATION (or MEDICAL EQUIPMENT)
URGENTLY NEEDED
AIR POUCH

Suggestions for additional medications you may consider in making a traveling medical kit are discussed below. Such a kit is designed to be the nucleus of your family medicine cabinet after arrival, as well as a useful kit during extended travel to and from post.

Medical Records

Take copies of all important medical information with you overseas. For example, include insurance policies and claim forms, immunization records, eyeglass and contact lens prescriptions, and the address of your ophthalmologist. *Carry these with you. Do not send them in your luggage or effects.*

Dental Care

It often is difficult to obtain quality dental care overseas. All family members should have a preventive dental check up and cleaning before departure, and yearly during R&R or while on home leave.

Medical Travel Kit

The small carry-a-long First-Aid kits often come in very handy as you travel. Some suggestions on contents of a medical travel kit are described, below, and in the Office of Medical Services' publication: "General Health Information for U.S. Foreign Service Personnel Traveling or Residing in Foreign Countries." This pamphlet should be carried with you since it contains a wealth of valuable information.

Medical Travel Kit

- o Ace bandage
- o Acetaminophen (e.g., Tylenol)
- o Adhesive tape
- o Antacids (e.g., Maalox, TUMS)
- o Antibacterial ointment—useful for minor skin infections and burns
- o Antifungus ointment
- o Aspirin

- o Band-Aids
- o Dental floss, brushes, and toothpaste
- o Lotion for dry skin
- o Eye dropper
- o First aid manual
- o Foot powder and antifungal cream
- o Hot water bottle
- o Insect repellent (e.g., DEET-containing) lotion, and a spray containing pyrethrum
- o Laxative(s)
- o Malaria prophylactic medication
- o Motion-sickness medication
- o Non-prescription cold and cough medication
- o Pepto-Bismol or similar preparation
- o Scissors and tweezers
- o Sunscreen preparations
- o Thermometer

MEDICAL ISSUES OVERSEAS

Healthy Overseas Living

Post Health and Medical Information

Plan to visit the embassy health unit shortly after arrival to introduce yourself to the health unit personnel and tell them about your medical history. They will offer advice and help you learn about local medical services, including how to obtain medical care after regular working hours.

All posts publish a Health and Medical Information booklet, which is updated annually. Make sure you obtain a copy as soon as possible after arrival at post. This booklet contains emergency phone numbers and addresses. It also contains very specific information about the health risks in the region and provides guidance on avoiding them. It is a useful guide: get several copies and keep them near the phone or other easily accessible spots for reference.

Please read the post Health and Information Booklet for post-specific details on the following topics.

Stress Management

Although it can be a pleasurable experience, living overseas can bring its share of stress. The need to adapt to many changes in one's current life may be manifested by a variety of symptoms such as headaches, irritability, insomnia, and fatigue. Following are some good ways to help prevent these problems:

- (1) Try to get eight hours of sleep nightly
- (2) Conduct aerobic exercise for 20 minutes, three times a week
- (3) Learn a relaxation technique and practice two times daily

(4) Practice verbal expression, such as 10 minutes of intimate conversation a day (e.g., let me tell you about the best and worst parts of my day), or group therapy weekly, or daily journaling

(5) Analyze time management (and set priorities): review monthly

Other valuable suggestions include the following:

(1) Learn as much as possible about the local culture, including acquiring at least a smattering of the local language

(2) Have a portable hobby that can be enjoyed around the world, such as playing a musical instrument, stamp-collecting, and gardening

(3) Have at least one close friendship where worries and concerns can be freely shared

(4) Plan social events or other activities

(5) Maintain a sense of humor

Additional confidential assistance can be requested through the Office of Medical Services.

Water

Unless water is definitely potable, it *must be brought to a rolling boil for at least three minutes* or it should be chemically treated. Treated water must also be used for *ice cubes and even teeth brushing*. Boiling is the most effective procedure; however, if chemicals are used, we recommend chlorine over iodine solutions. Even hot tap water must be considered contaminated. In areas where the water is visibly contaminated, it should be filtered before boiling. Generally, filters only remove debris and *do not* eliminate bacteria or parasites. Newer filters may eliminate bacteria and parasites, but not viruses.

Food

Raw vegetables and salads should be avoided at most posts since they often are contaminated with bacteria, parasite cysts, or worm eggs. Raw fruits should be eaten only when they have unbroken skins and have been washed and peeled. If you cannot peel it or boil it, forget it! Scrubbing green leafy vegetables and soaking them in chlorine solutions, then rinsing in treated or potable water should eliminate most parasites. Consult with the health unit at post regarding the safety of local dairy products and meats. Dairy products should be pasteurized or sterilized with ultra high temperature treatment or irradiation.

Restaurants

Bottled water, beer, hot tea, coffee, and known brands of carbonated soft drinks are generally (but not always) safe to drink. Alcohol in mixed drinks does not kill contaminating organisms. Only well-cooked hot food should be eaten. Because of the requirement to maintain foods at specific temperatures to prevent bacterial growth, it is advisable to avoid buffets. The temperatures, hot and cold, are often unregulated and thus pose serious threats of gastrointestinal illness. Recooked foods or foods made from leftovers that have not been properly refrigerated may be contaminated with bacteria. Salads, fruits, dairy products, raw seafood, and potato salad (or anything with

mayonnaise) should be avoided. The health unit at post will be able to provide you with a list of recommended restaurants—but even recommended restaurants cannot be guaranteed safe.

Domestic Help

Domestic employees should be instructed to wash their hands carefully on arrival at work, before preparing food, and after using the toilet. They should be thoroughly trained in proper food handling and water purification procedures (see above).

Domestic employees should receive a pre-employment medical examination, including a chest X-ray or PPD (skin test for tuberculosis). The employee is responsible for the costs of these examinations. The health unit may be able to recommend a source to perform the examination.

Laundry

If Tumbo flies are present in your country of assignment, all washed or damp clothes should be dried in a clothes dryer and/or pressed with a hot iron before wearing. Tumbo flies lay their eggs on damp clothing. The eggs eventually hatch in the individual's skin, where they cause painful skin abscesses.

Sunburn and Heat Exhaustion

Sunburn and heat exhaustion generally result from a combination of an excessively hot environment and excessive exercise for climatic conditions. Common sense dictates that you not exercise in the heat of the day, and that you gradually acclimate yourself to a new, warmer climate. Start slowly, exercising less than you did in temperate zones, and do so either in the early morning or later in the afternoon. Keep up your fluids and remember to replenish them while exercising. Salt pills or supplementation are rarely, if ever, needed.

Excessive sun exposure is a risk factor for premature aging of the skin, skin cancer, and cataracts. Children should be protected because repetitive sunburn at a young age is considered to be one of the strongest risk factors for skin cancer. The most efficient non-opaque sunscreens contain both PABA (para-aminobenzoic acid) esters and benzophenones. Ideally, they should be applied before exposure. Wearing long sleeves, pants, and hats are also important items to consider for sun protection.

Swimming

Schistosomiasis occurs in many parts of Africa, South America, the Middle East, and in Asia. Because all bodies of fresh water must be considered to be infected with schistosome parasites, all contact with fresh water must be avoided. Check with the health unit at post for the status in your area. Swimming in salt water or adequately chlorinated swimming pools is safe. Do not swim alone or in areas with heavy surf or undertow. Find out if sharks or other dangerous species are known to be a threat in the area.

Stray Animals

Children should be cautioned *not to* befriend stray dogs, cats, or other animals overseas. Rabies is a common problem in many countries, and street animals are a reservoir of that

disease. Keeping wild animals, for example monkeys, is imprudent. They cannot be vaccinated against rabies and thus pose a health threat to the families that keep them. In addition, this practice encourages illegal trade and export of many helpless creatures.

Insects

Insects are important carriers of diseases like malaria and dengue fever. Attention should be paid to preventing insects, especially mosquitoes, from biting. Wearing long sleeves, pants, and socks, keeping screens in good repair, and using mosquito netting and repellents (diethyltoluamide or DEET in a 28 to 35 percent concentration) are all important measures. DEET in concentration less than 35 percent is safe for children, but is to be applied sparingly and washed off when the child returns inside. Since most mosquitoes are especially active from dusk til dawn, nocturnal exposure outside should be kept to a minimum.

Illnesses Overseas

Diarrhea

Many diarrheas are non-infectious and self-limited, possibly arising from changes in food, water, or altitude. These factors, combined with fatigue and the emotional stresses of departure and arrival, can lead to altered bowel function. This type of diarrhea often clears up on a bland diet, especially if one avoids greasy food, caffeine, alcohol, and dairy products. The most important factor in treating diarrhea is to replace the lost fluids. Fluids with some salt, like broths or soups, and liquids containing sugar, like sweet tea, often help.

Antimotility drugs like Imodium slow down fluid losses, but must be avoided if the patient is feverish, quite ill, or passing blood with the stools. The presence of any of these symptoms mandates prompt medical attention. Imodium should not be used with young children, and a similar drug, Lomotil, should be avoided by men over 50. Pepto-Bismol has been shown to be effective in treating some cases of infectious diarrhea but should be avoided by those taking anti-coagulants or who are allergic to aspirin.

Should diarrhea last more than three days, or be accompanied by fever, blood in stools, or dehydration, medical care should be sought. The use of prophylactic antibiotics like doxycycline and ciprofloxacin is not recommended. Although they are generally effective, they have potential side effects and can upset the normal bacterial population dynamics of the bowel, leading to diarrhea. There are many drugs sold overseas for diarrhea, for example Enterovioform. However, due to the possibility of inaccurate labeling or poor quality control, these drugs *should not be used*. Some of them are downright dangerous.

Malaria

Malaria is a significant health concern for Foreign Service personnel traveling and serving in malarious areas of the world, which include Africa, Central and South America, southern Asia, and parts of southeast Asia, and Oceania. Over the past several years, health professionals have seen an increasing incidence of malaria worldwide along with the development of resistance to many of the medications used to prevent and/or treat malaria. It can be reasonably expected that this trend will continue. Therefore, it is

very important that personnel traveling abroad to these malarious areas fully understand and follow the Department's recommendations for malaria prevention.

The Department recommendations have evolved over many years of experience with the prevention and treatment of malaria by the Department of State, the Center for Disease Control (CDC), and other organizations. Because the disease itself continues to evolve, and as more is learned about the medications used to prevent malaria, these recommendations will require continuous updating. It is important that all persons overseas consult periodically with local embassy health units in order to keep informed of any new information or recommendations. The Foreign Service medical professionals, the Regional Medical Officers (RMOs) and health practitioners, will be able to best advise appropriate and reliable prophylaxis measures against malaria.

Because of the seriousness of malaria, with the potential for death, the Office of Medical Services considers not taking malaria prophylaxis an unacceptable option for personnel traveling in malarious regions. People unwilling to take recommended prophylactic medications should not live in malarious areas. Four drugs are available for the prevention of malaria. It is important for you to consult with the travel medicine and immunization clinic to determine the best medication for your location. The drug prophylaxis should be started two days to two weeks—depending on the drug—before arrival; continuously while in a malarial area; and for one to four weeks—depending on the drug—after leaving the malarious area. In certain areas it is recommended that primaquine, a drug active against the liver stage of certain malaria species, be taken after leaving the area. Consult your health unit.

No anti-malarial drug regime offers total protection. Therefore, in addition to strict adherence to the use of anti-malarial drugs, it is essential to protect against mosquito bites themselves.

1. Remain in well-screened areas.
2. Use mosquito nets properly impregnated with permethrin (examples are Permanone[®] or Ultrathon[®]) repellent enclosing the bed while sleeping.
3. Use insect repellent, containing about a 35 percent concentration of DEET on exposed parts of the body.
4. Spray clothing with permethrin (Permanone[®] or Ultrathon[®]) repellent.
5. Wear clothes that cover most of the body.
6. Use flying insect spray containing pyrethrum in living and sleeping areas.

It should be emphasized that the risks for malaria can vary significantly within the same country. The embassy health unit remains your best source for the most current and specific information on malaria. Be aware that, regardless of the preventative methods employed, malaria can be contracted. Employees with personal concerns or questions should consult with the health unit at Columbia Plaza, the Shultz Center (NFATC), or SA-44 (the former USIA building).

Tuberculin Skin Test

Tuberculin skin testing should be done on a yearly basis. The finding of a "positive" skin test indicates a person has been exposed to tuberculosis, NOT that there is necessarily an

active infection present. People who have positive tests need to consult with their health units for further testing and treatment of the infection.

HIV/AIDS

Acquired Immune Deficiency Syndrome (AIDS) is acquired from infected persons through sexual intercourse and/or the sharing of drug injection needles. It can also be acquired from contaminated blood transfusions and passed on from an infected pregnant mother to her unborn child. AIDS does not spread through casual contact. Insects such as mosquitoes and ticks have not been known to transmit the virus.

The only complete protection from Human Immunodeficiency Virus (HIV) is abstinence from intercourse or a monogamous relationship between two non-infected persons.

The following recommendations are valid worldwide for the reduction of HIV infection risks:

- **Do not** have sexual contact with persons known or suspected of having AIDS or being HIV positive.
- **Do not** have sex with multiple partners, with persons who have had multiple partners (i.e., prostitutes), or with new acquaintances and strangers.
- Seek a mutually faithful relationship, or at least limit the number of sexual partners to reduce the chances of getting AIDS and other sexually transmitted diseases.
- If you do have sex, use condoms and spermicides. They offer some protection against HIV but will not provide complete protection. Ask your health unit for recommended and effective brands.
- Physicians should order blood transfusions for patients only when absolutely necessary. Health workers should use extreme care when handling or disposing of hypodermic needles.
- **Do not** abuse or share IV drugs. If you use IV drugs for any reason, do not share needles or syringes.
- **Do not** have sex with persons who abuse IV drugs.
- Be certain that your health care providers use latex gloves, disposable needles, and syringes.

If an emergency blood transfusion is required at post, blood from screened members of the American embassy community will be used when possible. Each post has established a "Walking Blood Bank" to provide blood in emergency situations. This will be discussed by medical personnel during your orientation upon arrival at post.

There have been many advances in the treatment and prevention of HIV/AIDS. If you suspect you may have been exposed to the virus, through sexual assault, rape, any injudicious sexual encounter, IV needle stick, or blood transfusions, contact your health unit IMMEDIATELY. There is help available that may prevent you from being infected.

MENTAL HEALTH SERVICES

The psychological well being of Foreign Service officers and their families is an important aspect of the support and concern of the Office of Medical Services. Regional Psychiatrists assigned through the Department's Medical Services Program to select posts are available for consultations to official community members, post management, and schools within the region. Consultations for dependent children in various school settings can be arranged to facilitate the evaluation of learning disabilities and educational behavioral problems. Preventive mental health services are emphasized through the organization of relevant seminars and discussion groups on topics such as: raising children abroad, coping with cultural issues/differences abroad, alcohol and drug abuse, parenting skills, resolving marital conflicts in the overseas setting, coping with problems related to aging parents, stress management, terrorism, and so on. Regional Psychiatrists are actively involved in crisis intervention activities when disasters, natural and otherwise, occur overseas.

Children with Developmental Disabilities

Evaluation of Developmental Problems

Children with developmental problems (i.e., speech, language, learning) will receive educational evaluations as part of the medical clearance process. Parents must describe any developmental problem on the medical history form as soon as it is suspected so that evaluation and treatment plans can be formulated early in the child's life. Learning disabilities are the most frequently encountered developmental problem among Foreign Service children. A current school report should be submitted with the physical exam form or clearance update form to assist in the clearance determination.

Because developmental problems affect various areas of the child's physical and psychological health, the evaluations are often extensive. An evaluation of a child who is having trouble in school might include not only an educational assessment but also speech, hearing and neurological examinations, and a series of psychiatric interviews.

Procedure When a Developmental Problem is Suspected While at Post

If a family is abroad and a developmental problem is suspected, the parents should have the child seen by the Regional Medical Officer (RMO), the Regional Psychiatrist (RMO/P), or the Foreign Service Health Practitioner (FSHP). Written reports from the school should be obtained so that the problem can be fully understood.

It is unlikely that a full evaluation will be completed at post. The complexity of the issues requires the multi-specialty approach described above. For this reason, the assessments are done in CONUS (Continental United States). MEDEVAC is usually not required. MED authorizes the evaluation when the family is on home leave or R & R. If the school at post requests that the child be tested on an urgent basis and the RMO, RMO/P, or FSHP concurs, the child and one parent may use the Special Handicapped Child Education Allowance for travel to and from a diagnostic testing site.

The Employee Consultation Service will assist parents in making arrangements to have a child evaluated. (See information below.)

Clearance Requirements for a Child with a Developmental Problem

The Medical Division will clear the child for posts where the child's developmental needs can be met. If the evaluation is completed as part of the child's medical clearance examination, parents are required to obtain written confirmation that a school at the proposed post of assignment can meet the child's needs. The child will not be cleared for a specific post until that information is provided to MED.

If the evaluation is completed while the employee is in mid-tour, the child will be cleared to return to post. The school at post will then have the benefit of specific educational recommendations for attempting to develop a program for the child. Before the child is cleared for an onward post, however, a letter from the proposed new school will be required. The appropriateness of boarding school placement or home study options for a child with special needs will be considered by the evaluators and by MED in making clearance decision for the child.

Parents with a child suspected of having a specific learning disability (SLD) may request an assessment in connection with the medical clearance process. The Department of State will pay for an assessment provided that the parent (and child, if possible) meets with a Mental Health Services staff member to determine if criteria for authorizing testing are met, and that a written report of the testing is submitted to the Office of Medical Services (for the purpose of making a medical clearance determination). The assessment must be performed by a qualified center approved by MED, and must be required as part of a medical examination relevant to upcoming or future medical clearance action. The costs of medical or psychiatric treatment for the child's condition are not covered.

The Separate Maintenance Allowance (SMA) may be recommended when a family member is unable to secure the necessary medical clearance for overseas assignment. Travel to post is paid when the family member regains sufficient health to receive the medical clearance. (The SMA granted under such circumstances is not considered an employee election. The employee would still be able to apply for SMA if the family member were to leave the post at some future time.) (See Chapter 3, "Allowances and Benefits.")

Certain family members living overseas with the employee may not be eligible for benefits under the Department's medical program. Coverage for an eligible child ceases on his or her 21st birthday, unless the child is physically or mentally incapable of self-support. The child of a legally separated or divorced employee is eligible only if the employee has legal custody and the child receives a medical clearance before going overseas. An employee's (or spouse's) parents, whether residing at post or visiting, are not eligible for benefits. A child whose adoption has not been legalized is also ineligible. At the discretion of the Chief of Mission, ineligible family

members may have access to health services that exist at the post, but government funded medical evacuation and hospitalization are not allowed.

Neither Medicare nor Medicaid provides coverage for people overseas. If the employee's personal health insurance policy does not cover such family members, other insurance should be acquired. Short-term policies that provide coverage similar to that of the Department of State's program, including emergency medical evacuation, are available.

Employee Consultation Service

Employee Consultation Service (ECS) is a free, confidential, counseling and referral service for employees and family members of the Department of State, USAID, and other agencies who contract with Medical Services. ECS has a staff of licensed clinical social workers with domestic and international experience who provide crisis intervention, problem assessment, grief counseling, referral to community resources, information and follow-up services, consultation to supervisors, workshops on selected topics, and support groups.

Employees and family members consult with ECS about a variety of issues and concerns. Some examples include job stress, marital/relationship issues, parent-child problems, single parent/blended family concerns, school adjustment, elderly parent concerns, separation, loss and grief, acute and chronic medical illness, depression, anxiety, and other emotional problems, financial concerns, life transitions, and pre-post departure and reentry issues.

ECS also authorizes the Special Needs Education Allowance (DSSR 276.8) for children of Foreign Service families posted overseas. ECS provides referrals and assists in arranging the necessary assessments for children with special needs. These may include psychoeducational, speech/language, occupational therapy, neurological, and psychiatric assessments. Families are encouraged to contact ECS if their children have developmental delays or special educational needs.

Alcohol and Drug Awareness Program (ADAP)

The Alcohol and Drug Awareness Program (ADAP) is part of the Department of State's (DOS) Mental Health and Employee Assistance Program. Services are provided to all DOS and USAID employees and family members, both Civil and Foreign Service, and to all U. S. Government employees and their eligible family members who are served by the DOS Office of Medical Services.

ADAP is primarily a Prevention Education and Substance Abuse/Addiction Identification program. ADAP staff evaluates all relevant information about a person in order to determine if a substance abuse problem exists. If it does, treatment recommendations are made. ADAP does not provide any formal inpatient or outpatient treatment. Family members or co-workers who are dealing with the substance use problems of others can also receive services.

Medical Evacuations

A medical evacuation occurs when it is determined that adequate medical facilities do not exist at post to treat an individual's medical problem. Evacuation to a regional center is based on the recommendation of the RMO or FSHP. Evacuation to the United States requires the approval of the Office of Medical Services in Washington. Final authorization rests with the post's principal or administrative officer. If evacuation to a regional center is authorized, the patient may travel to the United States for treatment on a cost-constructive basis. (For information on Emergency Visitation Travel, see Chapter 20, "Contingency Planning.")

Travel costs and per diem while the patient undergoes treatment (but not during hospitalization) are paid. Travel costs and per diem for 3 days are paid for any authorized attendant, medical or non-medical. Attendants are authorized by the post. The decision is made for medical reasons, and not for the convenience of the patient. A family member may be authorized as a non-medical attendant under some circumstances (for instance, when an attendant is required but need not be a medical professional, or when the seriousness of the problem warrants the family member's presence). Children may be authorized to accompany the patient parent if the evacuation would otherwise disrupt their care. Authorized attendants travel in the same class as the patient. Employees evacuated for medical treatment are placed on either sick or annual leave status until returning to post.

A patient evacuated to the United States must have his or her medical clearance reinstated before returning to post. This can usually be accomplished over the telephone between the patient's doctor and the Office of Medical Services, 202-663-1662. Per diem continues for the patient until the final clearance decision has been made, except for days when the patient is hospitalized.

The patient on a medical evacuation should have in hand medical travel orders, a completed Authorization for Medical Services (form DS3067) or a letter of authorization from the post, and a travel advance (as appropriate). The patient should be sure to have his or her Social Security number and that of the employee (if the patient is a family member).

Medical travel is authorized for dental treatment that cannot be postponed until home leave and that, if delayed, can reasonably be expected to result in a need for emergency care. Prophylactic and cosmetic dental care are excluded. Orthodontic care, if considered necessary for proper occlusion, may be included. Authorized travel is limited to one round trip per year between post and nearest suitable care. The patient receives one day's per diem, but is responsible for payment of all treatment expenses.

Medical Emergency Visitation Travel

Emergency Visitation Travel (EVT) can be authorized when a parent, child, or sibling has died; when a parent or child is in a life-threatening, critical condition; or when a parent's health has significantly changed and the parent needs assistance. EVT may be authorized for a member of the Foreign Service when "stationed" abroad or for an eligible dependent "located abroad." A Foreign Service member or eligible dependent is limited to one round trip for each serious illness or injury of an immediate family member who is in an imminent death state. Separate travel for death/interment, however, can be authorized. There is no medical EVT for the illness of siblings.

Although the health unit may be able to answer general medical questions, it is the responsibility of the post's Human Resources Office to contact Foreign Programs (MED/FP) for authorization when a parent or child has a life threatening medical condition. In the event of the death of a parent, sibling, or child, authorization for EVT is authorized by post and *not* MED.

A repayment acknowledgement may be signed if the traveler wishes to begin travel prior to receipt of the authorization (the employee needs to be fully aware that if the criterion of imminent death is not met, he/she is responsible for reimbursement of the travel).

It is helpful to ask a family member in the United States to give a release of medical information to the attending physician/nurse/clinic/ hospital and alert the attending physician/nurse/clinic/hospital that a medical professional from the State Department Medical Division may be contacting them.

MED will require the following contact information in order to authorize the EVT:

1. Name of employee and SSN
2. Name of post
3. Name of traveler
4. Name of ill relative and approximate age or date of birth
5. Relationship to traveler
6. Name; phone number, and location of hospital
7. Name and phone number of attending physician
8. Name and phone number of an alternate contact person in the States
9. Confirmation that a release of medical information has been requested from the treating facility and the treating health care provider

If you need additional assistance call during working hours, from 8:15 a.m. to 5:00 p.m., 202-663-1662, MED/Foreign Programs. After working hours, weekends, and holidays, 202-647-1512, Operations Center.

There are three other types of Emergency Visitation Travel; they are as follows:

Interment or Death EVT—This is travel for the funeral of an immediate family member (parent, child, sibling). This type of EVT is post funded and does not require MED authorization; HR/ER only needs notification that the travel has occurred (Ref 3 FAM 3746.2).

Incapacitated Parent EVT—This is travel for a parent that has a life-changing event and requires family participation to assist in placement and/or arrangements for long-term care. The family member is authorized travel back to the parent's residence—one trip per parent per career. Please check with the post Human Resources office or Employee Relations (HR/ER) in Washington on limitations and exceptions. This kind of EVT is funded centrally and is authorized under HR/ER (3 FAM 3746.3). (See also Eldercare EVT (3 FAM 3740) in Chapter 17, "Eldercare.")

Personal Hardship EVT—This is travel for a catastrophic event, such as a residence in CONUS is destroyed by fire or tornado. All personal hardship travel must be approved by HR/ER—this is post-funded travel (3 FAM 3746.4).

INFORMATION AND RECORDS

MED CHANNEL is a special channel for telegraphic communication of medical information. Cables received via MED CHANNEL are medically confidential and are distributed to medical personnel only. An employee or family member who wants to initiate communication from a post where there are no Department of State medical personnel may telephone the RMO, RMO/P, or the Office of Medical Services in Washington if confidentiality is important.

Anyone for whom there are medical records in the Department of State may obtain a copy of his or her records in full or in part, or may have the information forwarded to a third party. An individual's full medical file will include any records from Mental Health Services (even though these records are stored separately from other medical records). However, it will not include records from the Employee Consultation Service (ECS). These must be requested separately. In special instances material may be withheld with deletions noted and described. A decision to withhold information is made by the Office of Medical Services and is subject to appeal.

Requests for records should be sent to the Office of Medical Services, or the Information and Privacy Coordinator (contact information below). To initiate a request, submit a letter stating full name, place and date of birth, and employee's name if request is from family member. The request is valid only if signed by the person whose records are sought, unless the records pertain to a child less than 18 years of age, in which case a parent may sign. Also, the designated legal guardian (who presents proof of the guardianship) may request records for an adult who has been deemed incompetent to manage his or her own affairs. Processing takes a minimum of two months.

Every family should keep complete and well-documented medical records (including English translations if necessary). Documentation may be needed to file claims with the Department's medical program or the employee's health insurance plan. Personal medical records are also important for the light they shed on medical conditions that develop later on. For these reasons, they should be retained for as long as possible.

It is particularly important that employees and family members keep documentation pertaining to treatment at overseas posts. Pursuant to the Department's records disposition schedules, medical records that originated in overseas embassies may be destroyed six years after the employee has left the post.

Records of medical expenses may be required for income tax purposes. Medical and dental expenses (including insurance premium payments, prescription drugs, and transportation) in excess of 7.5 percent of adjusted gross income are deductible from federal income tax.

CONTACTS / RESOURCES

Office of Medical Services (M/DGP/MED)
Room L 209
Department of State
2401 E Street, NW
Washington, DC

Tel: 202-663-1611

Mental Health Services
Office of Medical Services
Room L 223
Department of State
2401 E Street, NW
Washington, DC
Tel: 202-663-1903

Alcohol and Drug Awareness Program (ADAP)
Office of Medical Services Main Office
Department of State
Room H 246
2401 E Street, NW
Washington, DC
Tel: 202-663-1904
(If there is no answer, your Audix message will be heard only by ADAP staff.)
Fax 202-663-1456

Employee Consultation Services (M/DGHR/MED/ECS)
Office of Medical Services Main Office
Room H246
Department of State
2401 E Street, NW
Washington, DC
Tel: 202-663-1815
Fax: 202-663-1456
E-mail: MEDECS@state.gov

Office of Information Resources Management Programs and Services (A/RPS/IPS)
(FOIA Requests)
SA-2, Department of State
Washington, DC
Information and Privacy Coordinator:
Fax: (202) 261-8590

Resources

3 FAM 1900 Medical and Health Program

SR 274.12C Handicapped Child Allowance

Medical and Dental Expenses, No. 502
IRS Forms Distribution Center
P.O. Box 25866

Richmond, VA 23260
Tel: (800) 829-3676